									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001									10044632				
(Column 1) (Column 2) T									NTITY	OR	OTHER SMALL		
TOTAL CLAIMS			21					RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			2/ minus 20=		• /			X\$ 9=		OR	X\$18=	18	
INDEPENDENT CLAIMS			minus 3 =		• 3			X42=		OR	X84=	252	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+140=		OR	+280=	0,7	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				TOTAL		OR	TOTAL	1010		
. CLAIMS AS AMENDED - PART II										,	OTHER		
//14/05 (Column 1) (Column						(Column 3)	<u>.</u>	SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIQNAL FEE	
	Total	. 17	Minus	**		· ·		X\$ 9=		OR	X\$18=		
	Independent	• 6	Minus	244		8		X42=		OR	X84=		
Ľ	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDEN	T CLAIM		֡֡֞֜֞֜֞֜֜֞֜֜֜֜֜֜֜֜֜֜֜֜֡֓֓֡֓֡֡֡֡֡֡֡	.140		-	+280=		
								+140=. TOTAL	ļ.,,,,,	OR	TOTAL		
/// 7/ai (Column 1) (Column 2) (Column 3)								ADDIT, FEE OR ADDIT. FEE					
	/ / // //	CLAIMS	HIGHEST			(Column 3)	<u> </u>		ADDI-	7 ′	•	ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT			BER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	• 19	Minus	**		=	<u>ا</u> ل	X\$ 9=		OR	X\$18=		
	Independent	NTATION OF MI	Minus	ess EAIDEN	, T (2) ADA	. =		X42=		OR	X84=		
	rinsi Prese	NIATION OF MI	JUIPLE DE	ENDEN	COGIN		ا د	+140=		OR	+280=		
								TOTAL ADDIT. FEE		OR:	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)										-			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	•	NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	ės.		5		X42=		OR	X84=		
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	TCLAIM]						
* If the entry in column 1 is less than the entry in column 2, write "0" to column 3.													
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE													
		nber Previously Pa						and in the ap	opropriate bo	k in co	lumn 1.		

FORM PTO-675 (Rev. 8/01)

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